

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015- 001066

SFUND RECORDS CTR
999000591

PRODUCER OF WASTE (Must be filled by producer)			
Name <u>Alcoa</u>			
(PRINT OR TYPE)			
Pick up Address: <u>5151 Alcoa Ave</u>	<u>LA</u>		
(NUMBER) (STREET) (CITY)			
Telephone Number: ()	P.O. or Contract No.: <u>LA 054261 PA</u>		
Order Placed <u>B</u>	Date: <u>11-29-77</u>		
Type of Process which Produced Wastes: <u>aluminum processing</u>			
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)			

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) _____

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration:		ppm
		Lower	%	
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

SFUND RECORDS CTR
999000591

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 11-29-77 Time: 11am
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No. _____ No. of Loads or Trips: 1 Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): *Operating shed*

Site Address: *Monterey Park*

CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify):

☒ disposal (specify):

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify):

CODE NO.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 11-29-77

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BILLING COPY